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Substitute for form 1449/PTO		<b>Complete if Known</b>	
		Application Number	10/587,439
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (Use as many sheets as necessary)		Filing Date	05/22/2007
		First Named Inventor	Robert J. McMillen
		Art Unit	3617
		Examiner Name	TBA
		Attorney Docket Number	41575-503
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Examiner Initials *	Cite No. <sup>1</sup>	Document Number Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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